

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Acknowledgement of Choice of Service Coordinator/Early Interventionist

By signing this form I understand and acknowledge that my rights regarding choice of providers have been explained, and a list of qualified providers has been made available to me. I have reviewed the available options and have selected the provider listed below. I understand that at any time, if I am dissatisfied with my chosen provider, I can elect to change to another provider if available. My choice of qualified provider is:

Service Coordination: _____

Early Intervention: _____

Consumer (if age 18 or older) _____ Date _____

Parent/Legal Guardian (if applicable) _____ Date _____

Service Coordinator/Early Interventionist/Other _____ Date _____

Updated Choice of SC/EI Provider

Provider: _____

Consumer/Parent/Guardian Signature _____ Date _____

Service Coordinator/Early Interventionist/Other Signature _____ Date _____

Provider: _____

Consumer/Parent/Guardian Signature _____ Date _____

Service Coordinator/Early Interventionist/Other Signature _____ Date _____